

DAY / EMPLOYMENT SERVICES
Amendment to Plan of Service

Date of Amendment: _____

Name: _____

Reason for Amendment: Check all applicable items.

- ☐ change of address / contact information.
- ☐ change in Critical information / Supervision/ Medical information.
- ☐ change in Behavior Support.
- ☐ change in Authorized Service.
- ☐ discontinuing goal:
Give reason: (met goal, consumer request, etc.) _____.
- ☐ change in objective / intervention.
- ☐ change in method / strategy.
- ☐ new goal.
- ☐ change in projected completion date.

The plan will be amended as follows:

Name/Title of Person Completing this section: _____